Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined *(last name)* Hepburn *(first name)* Jerrick in accordance with *(please check only one)*:

- (•) the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* **OR**
- ( ) the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:

☐ Wearing corrective lenses
☐ Wearing hearing aid
☐ Accompanied by a waiver/exemption (*specify type*): _____
☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
☐ Qualified by operation of 49 CFR 391.64 *(Federal)*
☐ Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
12/01/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number
(954)767-9999

Date Certificate Signed
12/01/2023

Medical Examiner's Name *(please print or type)*
Mazal, Stephanie

( ) MD (•) Physician Assistant ( ) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number
PA9114631

Issuing State
FL

National Registry Number
5216434092

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number
H165430770990

Issuing State/Province
FL

Driver's Address
Street Address: 3182 Stirling Rd Unit C2 City: Hollywood State/Province: FL Zip Code: 33021-

CLP/CDL
(•) Yes ( ) No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Home Register Find

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 5216434092

Business Name:

First Name:

Last Name:

Basic Search | Search

Previous Page | 1 of 1 | Next Page

Ms. STEPHANIE MAZAL (Physician Assistant)
Concentra
141 NW 20th Street Boca Raton, FL 33431
(561) 368-6920 *N/A* Directions

Ms. STEPHANIE MAZAL (Physician Assistant)
Concentra
4451 Parliament Place Lanham, MD 20706
(301) 459-9113 *N/A* Directions

Peoria, Illinois, Springfield, Champaign, Indiana, Indianapolis, Bloomington, Dayton, Ohio, Columbus, Cincinnati, Pittsburgh, Pennsylvania, Harrisburg, Maryland, Washington, Fairfax, St. Louis, Louisville, Evansville, Lexington, West Virginia, Kentucky, Paducah, Bowling Green, Roanoke, Virginia, Richmond, Norfolk, Nashville, Knoxville, Greensboro, Durham, Tennessee, Pigeon Forge, Asheville, Charlotte, North Carolina, Memphis, Chattanooga, Greenville, Huntsville, Wilmington, Atlanta, South Carolina, Myrtle Beach, Augusta, Mississippi, Birmingham, Tuscaloosa, Alabama, Charleston, Jackson, Montgomery, Georgia, Savannah, Mobile, Biloxi, Pensacola, Tallahassee, Jacksonville, Panama City, New Orleans, Gulf Shores, Houston, Galveston, San Antonio, Gainesville, St. Augustine, Daytona Beach, Orlando